



## Application Data Sheet

### Application Information

Application number::	10/797,584
Filing Date::	03/09/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DEVICES AND METHODS FOR DETECTING AND TREATING INADEQUATE TISSUE PERFUSION
Attorney Docket Number::	021628-001010US
Request for Early Publication::	No
Request for Non-Publication::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: G.  
Family Name:: Benditt  
Name Suffix::  
City of Residence:: Edina  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 2 Circle West  
City of Mailing Address:: Edina  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55436

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: P.  
Family Name:: Brockway  
Name Suffix::  
City of Residence:: Shoreview  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 4339 Nancy Place  
City of Mailing Address:: Shoreview

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: R.  
Family Name:: Wilson  
Name Suffix::  
City of Residence:: Arden Hills  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1276 Nancy Place  
City of Mailing Address:: Arden Hills  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Assignee Information**

Assignee Name:: Transoma Medical, Inc.  
Street of mailing address:: 4211 Lexington Avenue, N. #2244  
City of mailing address:: St. Paul

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55126